

No. W 19449

Due no later than May 31, 2003
Annual Report Form

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF
RECEIVED BY DUE DATE

1. Mailing Address - Correct in this box, if applicable
EMERGENCY MEDICAL MANAGEMENT SOLUTI
5999 E GATEWAY DR
BOISE, ID 83716

2. Registered Agent and Office NO PO BOX

ALLAN R BOSCH
225 N 9TH ST STE 210
BOISE, ID 83702

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held Name

Street or P.O. Address

City

State

Zip

Manager Louis T. Conley 5999 E Gateway Dr
Member Kimberly R Conley 5999 E Gateway Dr

Boise

10

83716
83716

5. Organized Under the Laws of:

IDAHO
W 19449

6.

Signature

Name (Typed or
Printed)

Louis T. Conley

Date 3/7/03

Title Manager